

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | T.D.     |        | 2-22-00  |
| O.I.P.E. CLASSIFIER       | ✓/3      |        | 3/3/00   |
| FORMALITY REVIEW          | ✓/8      | 66-243 | 04/14/00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 01       | 5/1/00 |
| 02       | 5/1/00 |
| 03       | 5/1/00 |
| 04       | 5/1/00 |
| 05       | 5/1/00 |
| 06       | 5/1/00 |
| 07       | 5/1/00 |
| 08       | 5/1/00 |
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| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 51       | 5/1/00 |
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| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 101      | 5/1/00 |
| 102      | 5/1/00 |
| 103      | 5/1/00 |
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| 148      | 5/1/00 |
| 149      | 5/1/00 |
| 150      | 5/1/00 |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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